

Form #1
Monroe County Community Water Watch

Registration Form

Please complete the following form and submit it to the Program Coordinator at the address listed below in order to register with the Community Water Watch program. Program staff will contact you in order to assist you with several administrative issues.

Team Name: _____

Stream Name: _____

Team Leader: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Please provide the following basic information regarding the members of your team:

Name	Address	Telephone #

Does your team have liability and workers compensation coverage? Yes No

Mail to:
Community Water Watch Program
c/o Kimie Romeo
Monroe County Health Department
PO Box 92832
Rochester, New York 14692-8932